

HIV/AIDS in Malawi

A USAID Brief

The HIV/AIDS epidemic in Malawi is one of the most severe in sub-Saharan Africa. At the end of 2001, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 850,000 adults and children were living with HIV/AIDS, with an adult prevalence of 15 percent.

According to the World Bank, AIDS is the major cause of death among people aged 15 to 49 in Malawi. From 1990 to 2000, AIDS was expected to raise the crude death rate by 44 percent. Life expectancy is estimated to have dropped from 52 to 42 years as a result of AIDS, and according to U.S. Census Bureau projections, it may fall well below 40 by 2010.

HIV began to spread in Malawi in the early 1980s, primarily as a result of multiple partner sexual contact, low condom use, and high prevalence of sexually transmitted infections. Although Malawians initiate sexual activity at an early age, overall condom use remains low. A 1996 Demographic and Health Survey found that 43 percent of men and 24 percent of women said they used a condom during their most recent sexual encounter with a nonregular partner.

Equal numbers of Malawian women and men are likely infected with HIV, although rates are highest among women 25 to 29 years old. In 1997, 13 percent of AIDS cases reported in Malawi occurred among 15- to 24-year-olds, with women in this age group outnumbering men by a factor of 3 to 1.

In Malawi, where about 44 percent of the population is under age 15, approximately 30 percent of infants born to HIV-positive mothers will also become infected with HIV. During the 1990s, AIDS is estimated to have increased Malawi's infant mortality rate by about 7 percent. In 1999, HIV prevalence among pregnant women in urban areas was 26 percent. At the end of 2001, an estimated 470,000 children orphaned by AIDS were living in Malawi.

NATIONAL RESPONSE

The Malawian President and key government officials continue to demonstrate strong commitment to the National AIDS Commission. From 1998 to 2000, respondents to the AIDS Policy Environment Score and AIDS Program Effort Index indicated that the policy environment in Malawi had greatly improved across seven indicators, with the score for political support rising from 52.1 to 70.9.



The Cabinet Committee on HIV/AIDS, chaired by Malawi's Vice President, provides policy direction to the National AIDS Control Program. The 2000-2004 National HIV/AIDS Strategic Framework is guided by four approaches:

- Expanding and strengthening knowledge about the nature of HIV/AIDS and its impact on individuals, families, communities and on national development;
- Expanding and strengthening the capacities of individuals, families, communities and institutions to respond to the epidemic in a more sustained and effective manner;
- Stimulating and sustaining synergistic interaction between individuals and available programs and services as a basis for collective action; and
- Developing and sustaining a dynamic, broad-based institutional framework for the planning, delivery and evaluation of HIV/AIDS programs.

USAID SUPPORT

In FY 2001, USAID provided \$7.2 million in HIV/AIDS assistance to Malawi, up from \$6 million the previous year. USAID is an active member of the Government of Malawi and UNAIDS-led Technical Working Group on HIV/AIDS.

One of the more successful USAID-supported initiatives in Malawi has been implemented through the Malawi AIDS Counseling and Resource Centre to promote voluntary HIV counseling and testing services. The number of clients tested for HIV jumped from 5,663 in 1999 to more than 40,000 in 2001, with 99 percent receiving results. Macro International Inc., with the assistance of the Centers for Disease Control and Prevention, introduced a new rapid HIV test in Malawi in January 2000; high client satisfaction has been reported.

USAID supports country programs to:

- Develop a monitoring and evaluation system for HIV/AIDS, including supporting data collection and analysis of the 1998 Malawi Population Census and 2000 Demographic Health Survey;
- Provide technical assistance for the development of a five-year National HIV/AIDS Framework and National HIV/AIDS Policy;
- Improve access to voluntary HIV counseling and testing;
- Support social, psychological, and economic assistance to orphans and vulnerable children and family members who have lost someone to AIDS;
- Expand private sector capacity to provide an integrated package of HIV/AIDS services,

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	850,000
Total Population (2001)	11.6 million
Adult HIV Prevalence (end 2001)	15 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	70.4 %
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	28.5 %

Sources: UNAIDS, U.S. Census Bureau

including prevention, home-based care, treatment of opportunistic infections, and broadening of the continuum of care at the community level;

- Build civil society capacity to engage in a dialogue on HIV/AIDS through funding of persons living with HIV/AIDS groups and Malawian service organizations;
- Promote employer-based HIV/AIDS prevention programs on agricultural estates;
- Increase access to condoms through a national condom social marketing program;
- Provide technical assistance for the development and implementation of policy and advocacy campaigns aimed at key political figures, policymakers, and community and religious leaders;
- Develop a national behavior change intervention strategy and local and national campaigns to promote and sustain behavior change through media;
- Introduce services to reduce mother-to-child transmission of HIV at district and non-governmental organization hospitals; and
- Train health workers to improve infection control procedures at health facilities.

- Instill hope, faith, and a spirit of acceptance of the epidemic among all Malawians in order to facilitate prevention and the mitigation of its impact;
- Provide adequate and high-quality management services to persons living with HIV/AIDS, affected individuals, families and communities;
- Strengthen and support sustainable capacities for the care of orphans, widows and widowers particularly at family and community levels;
- Strengthen the effectiveness of HIV prevention programs and practices and expand their scope to reduce HIV incidence among Malawians;
- Establish a standardized, comprehensive and effective information, education and communication strategy to reduce the spread of HIV and cope with the impact of the epidemic; and
- Strengthen and promote accessible and ethically sound voluntary counseling and testing services that offer psychosocial support to men, women, children and youth.

CHALLENGES

According to the National HIV/AIDS Strategic Framework, 2000-2004, the following objectives must be met in implementing a strong national response to HIV/AIDS:

- Strengthen the authority of and coordination among youth institutions to bring about change in the behaviors that predispose the youth to HIV infection;
- Bring about change in the sociocultural and economic environment to address gender imbalances and reduce the spread and impact of HIV/AIDS;

SELECTED LINKS AND CONTACTS

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